

THE SCHOOL DISTRICT OF PHILADELPHIA TRANSPORTATION SERVICES 3rd FLOOR, SUITE 311 440 NORTH BROAD STREET - PHILADELPHIA, PA. 19130	REQUEST FOR SCHOOL DISTRICT - OPERATED OFF - PEAK BUS SERVICE <i>(INTRA-CITY CULTURAL TRIPS)</i>	DATE: _____
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DIRECTIONS

1. A separate request must be submitted for each trip.
2. All billing information must be completed by the school.
3. This trip request must be received by Transportation Services **at least fifteen (15) school days prior to trip date.**
 Allow sufficient time for trip request approvals to meet Transportation Services' time line.
4. **Service cannot commence before 9:15 A.M.**
5. **No return pick-up will be made later than 1:45 P.M.**
6. List all trip data below, including information which pinpoints the destination's location. *(Attach map if necessary)*
7. Send copy of request to the regional office for their approval.

DATE	DAY	PICK-UP TIME	PICK-UP LOCATION (Include Street Address)	DESTINATION (Include Street Address)	NO. OF ADULTS	NO. OF PUPILS	GRADE	RETURN PICK-UP TIME

SPECIAL CIRCUMSTANCES: _____

IF LIFT BUS IS REQUIRED PLEASE CHECK NUMBER OF "LIFT" PUPILS _____

CONTACT PERSON: _____ TELEPHONE NUMBER: _____

BILLING INFORMATION

THE TRIP REQUESTED ABOVE WILL BE FUNDED BY	BILLING CODES									
NAME OF SCHOOL OR DIVISION:	FUND	AGENCY	ORG.	SUB-ORG.	ACTIVITY	FUNCTION	OBJ.	SUB-OBJ.	JOB/PROJ.	PRT. CAT.

SIGNATURE OF APPROVAL

PRINCIPAL:	SCHOOL:		DATE:
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S -175 Rev.(09/2009) COMM. CODE 61602445420